STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

See Instructions and Privacy Statement on Reverse Side

STD. 262 (REV. 10/92)

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
Bismarck Obando		Governor's Office

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Director of External Affairs		External Affaris	

RESIDENCE ADDRESS	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
■■■■		■■■■
	CITY STATE ZIP	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING		MILES	AMOUNT		
5/5/09		Los Angeles						279.20	Air				0.00		279.20
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
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													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	279.20		0.00	0.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	$279.20

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Trip was to discuss LA Field Office staffing issues ■■■■

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
■■■■	5/6/09	■■■■	5/12/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE